

Lamont Hunter
PCT International Division
(703) 305-3333

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 107006	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51	
2		1				52	
3	2	1				53	
4	2	1				54	
5		1				55	
6		1				56	
7		1				57	
8		1				58	
9		1				59	
10		1				60	
11		1				61	
12		1				62	
13		1				63	
14		1				64	
15		1				65	
16		1				66	
17		1				67	
18		1				68	
19		1				69	
20		1				70	
21						71	
22						72	
23						73	
24						74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.		1				TOTAL IND.	
TOTAL DEP.		19				TOTAL DEP.	
TOTAL CLAIMS		20				TOTAL CLAIMS	